



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Dodson Public Schools	Legal Entity Number 0647 0648
Route # 36-2-A-116BNorth	Length of Route (miles per day) 88		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 47
Vehicle I.D. # 1G0G6P1P8MV500607	License # D530	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Contractor Owned Bob Voise <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0647	Legal Entity 0648	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Dodson Public Schools	Legal Entity Number 0647 0648
Route # 36-2-A100 West	Length of Route (miles per day) 100		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 42
Vehicle I.D. # 2517	License # C865	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Bob Joise <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0647	Legal Entity 0648	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Signature - Chair, Board of Trustees

Date

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Dodson Public Schools	Legal Entity Number 0647 0648
Route # 36-2-A-133 South	Length of Route (miles per day) 133		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 48
Vehicle I.D. # 1GDG6P1P5LU514267	License # D531	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Contractor Owned Bob Voice <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0647	Legal Entity 0648	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Dodson Public Schools	Legal Entity Number 0647 0648
Route # 36-2-A-116ANorth	Length of Route (miles per day) 120		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 47
Vehicle I.D. # 1G0G6P1P8MV500607	License # D530	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Bob Voise <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0647	Legal Entity 0648	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Dodson Public Schools	Legal Entity Number 0647 0648
Route # 36-2-A-116 North	Length of Route (miles per day) 208		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 47
Vehicle I.D. # 1G0G6P1P8MV500607	License # D530	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Bob Voise <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0647	Legal Entity 0648	Legal Entity	Legal Entity
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PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Phillips		County Number 36	District Name Saco Public Schools	Legal Entity Number 1203 0657
Route # 4	Length of Route (miles per day) 96.7		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 52
Vehicle I.D. # 4DRBRABLX4B972965		License # 282	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1203	Legal Entity 0657	Legal Entity	Legal Entity
% 75.00	% 25.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Phillips		County Number 36	District Name Saco Public Schools	Legal Entity Number 1203 0657
Route # 1	Length of Route (miles per day) 130		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 52
Vehicle I.D. # 4DRBUAFL05B974704		License # 366	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1203	Legal Entity 0657	Legal Entity	Legal Entity
% 75.00	% 25.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
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Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Saco Public Schools	Legal Entity Number 1203 0657
Route # 2	Length of Route (miles per day) 135		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 42
Vehicle I.D. # 1HVBRABL52B944616		License # 249	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1203	Legal Entity 0657	Legal Entity	Legal Entity
% 75.00	% 25.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
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2nd Wheelchair (WC)			
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Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Saco Public Schools	Legal Entity Number 1203 0657
Route # 3	Length of Route (miles per day) 109		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 42
Vehicle I.D. # 1HVBRABL81A913302		License # 258	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1203	Legal Entity 0657	Legal Entity	Legal Entity
% 75.00	% 25.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Malta K-12 Schools	Legal Entity Number 0659
Route # 3	Length of Route (miles per day) 110		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 36
Vehicle I.D. # 1HVBAZRMXRH574873		License # E429	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
			Contractor Owned Craig Mangis	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0659	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Malta K-12 Schools	Legal Entity Number 0659
Route # 3-non	Length of Route (miles per day) 110		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Non Bus Mileage	Rated Capacity 36
Vehicle I.D. # 1HVBAZRMXRH574873	License # E429	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned Craig Mangis				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0659	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Phillips		County Number 36	District Name Malta K-12 Schools	Legal Entity Number 0659
Route # 6	Length of Route (miles per day) 92		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 52
Vehicle I.D. # 1HVBBNKMNH392103		License # E368	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
			Contractor Owned Candee Sonnichsen	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0659			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Phillips		County Number 36	District Name Malta K-12 Schools	Legal Entity Number 0659
Route # 6-NON	Length of Route (miles per day) 92		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Non Bus Mileage	Rated Capacity 52
Vehicle I.D. # 1HVBBNKMNH392103	License # E368	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned Candee Sonnichsen				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0659	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
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School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Malta K-12 Schools	Legal Entity Number 0659
Route # 4	Length of Route (miles per day) 93		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 21
Vehicle I.D. # 2G8HG31K9N4133662		License # C196	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
<input type="checkbox"/> Contractor Owned Warren Abrahamson				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0659	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Phillips		County Number 36	District Name Malta K-12 Schools	Legal Entity Number 0659
Route # 1	Length of Route (miles per day) 76		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 53
Vehicle I.D. # 1GBC6P1BXFV213902		License # C147	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
			Contractor Owned Bob McAuley	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0659	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

County Name Phillips		County Number 36	District Name Malta K-12 Schools	Legal Entity Number 0659
Route # 2	Length of Route (miles per day) 76.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 81
Vehicle I.D. # XXXXXXXXXXXX3631	License # E367	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned Candee Sonnichsen				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0659	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Phillips		County Number 36	District Name Malta K-12 Schools	Legal Entity Number 0659
Route # 5	Length of Route (miles per day) 85		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 77
Vehicle I.D. # 1HVL PZWP3KH622964		License # C198	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
<input type="checkbox"/> Contractor Owned Warren Abrahamson				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0659			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Whitewater K-12 Schools	Legal Entity Number 0663
Route # 5	Length of Route (miles per day) 48		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 36
Vehicle I.D. # 1GBL7T1JOVJ113146		License # 248	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0663	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Phillips		County Number 36	District Name Whitewater K-12 Schools	Legal Entity Number 0663
Route # 3	Length of Route (miles per day) 80		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 54
Vehicle I.D. # 1BAKCKHX5F215050		License # 65	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0663	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Whitewater K-12 Schools	Legal Entity Number 0663
Route # 6	Length of Route (miles per day) 118		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 43
Vehicle I.D. # 4UZAAXCS54CM43333		License # 312	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0663	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Whitewater K-12 Schools	Legal Entity Number 0663
Route # 2	Length of Route (miles per day) 143		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 49
Vehicle I.D. # 1GBL7T1CX2J517309		License # 252	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0663	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Phillips		County Number 36	District Name Whitewater K-12 Schools	Legal Entity Number 0663
Route # 4	Length of Route (miles per day) 158		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 48
Vehicle I.D. # 1GNL7T1C74J526459		License # 137	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0663	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Phillips		County Number 36	District Name Whitewater K-12 Schools	Legal Entity Number 0663
Route # 1	Length of Route (miles per day) 162		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 54
Vehicle I.D. # 1BAKCKKH35F215049		License # 373	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0663	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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TOTAL RIDERS			

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date